

Exhibit 1

**IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

JANE DOE S.W., an individual,	:	
	:	
Plaintiff,	:	Case No. 2:19-cv-1194
	:	
<i>vs.</i>	:	Judge Algenon L. Marbley
	:	
LORAIN-ELYRIA MOTEL, INC., <i>et. al.</i> ,	:	Chief Mag. Judge Elizabeth P. Deavers
	:	
Defendants.	:	

AFFIDAVIT OF CHETANKUMAR PETAL

I, Chetankumar Petal, being first duly sworn and cautioned, state as follows:

1. I am the authorized representative of SRI Ram, LLC, whose principal place of business is located at 1070 Graham Road, in Cuyahoga Falls, Ohio. A copy of the Articles of Organization for SRI Ram, LLC that are filed with the Ohio Secretary of State are attached hereto as Exhibit A.

2. SRI Ram, LLC owns the property at 1070 Graham Road and operates a short-term lodging and motel business on that property which does business under the fictitious name "Economy Inn." A copy of the fictitious name filings with the Ohio Secretary of State are attached hereto as Exhibits B and C.

3. Other than the "Economy Inn" motel located at 1070 Graham Road in Cuyahoga Falls, Ohio, SRI Ram, LLC owns no other real property and operates no other businesses.

4. The "Economy Inn" motel that is owned and operated by SRI Ram, LLC is not affiliated with any other short-term lodging or motel business, including any other motel or short-term lodging business operating under the same name.

5. Besides the motel located at 1070 Graham Road in Cuyahoga Falls, Ohio, SRI Ram, LLC has no control or right of control over any other short-term lodging or motel business, including any other motel that may operate under the same name.

6. The “Economy Inn” located at 1070 Graham Road is not a franchise. It is an independent business that is wholly owned and operated by SRI Ram, LLC.

7. The individual identified in Plaintiff’s Complaint as “A prior employee Bennett” (Doc. # 1, ¶ 84) has never been employed by SRI Ram, LLC and has never worked for or at the “Economy Inn” motel located at 1070 Graham Road in Cuyahoga Falls, Ohio.

8. The Yelp reviews identified in Plaintiff’s Complaint (Doc. # 1, ¶ 84) are not reviews for the “Economy Inn” motel located at 1070 Graham Road in Cuyahoga Falls, Ohio, and appear to be reviews of other motel businesses operating under the same name.

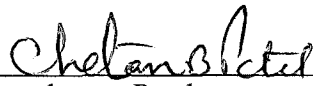
9. I have no knowledge any of the circumstances concerning “Jane Doe S.W.” and her alleged trafficking.

10. Along with my wife, I raised my two children on the property located at 1070 Graham Road in Cuyahoga Falls, Ohio, while running the day-to-day operations of the motel business. My wife and I were and remain diligent in maintaining a safe premisis for our customers as well as for our children.

11. Throughout the time that my family has bene responsible for the day-to-day operations of our motel business, we have worked and cooperated with law enforcement in order to provide the safest environment possible for our family, our customers, and the surrounding community and will continue to do so.

12. My wife and I have and will continue to take affirmative steps to ensure the safety of those on the premises of our hotel and to reduce and reduce and prohibit any criminal enterprise that we are made aware of.

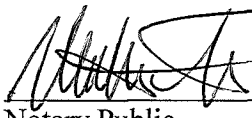
Further affiant sayeth naught.


Chetankumar Petal

Sworn to before me and subscribed in my presence this 2nd day of July, 2019.



Matthew Teetor, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date
Sec. 147.03 R.C.


Notary Public

DOC ID ----> 200631702624

Exhibit A



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/14/2006	200631702624	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

LUNDGREN GOLDTHORPE AND ZUMBAR
526 E MAIN STREET
ATTN DAVID J LUNDGREN
ALLIANCE, OH 44601

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1660120

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SRI RAM, LLC

and, that said business records show the filing and recording of:

Document(s)
ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):
200631702624



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 13th day of November,
A.D. 2006.

J. Kenneth Blackwell
Ohio Secretary of State

DOC ID ----> 200631702624

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of \$190 ***	
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)
 Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 (Date of Formation) _____ (State) _____
---	---

Complete the general information in this section for the box checked above.Name SRI RAM, LLC☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd., L.L.C., L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified,
 (mm/dd/yyyy) the date must be a date on or after the date of filing.


This limited liability company shall exist for Perpetuity
 (Optional) (Period of existence)

Purpose _____
 (Optional)

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws
 of this limited liability company is

(Optional)
 (Name) _____
 (Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.
 (City) _____ (State) _____ (Zip Code) _____

DOC ID ----> 200631702624

Complete the information in this section if box (1) is checked Cont.		
ORIGINAL APPOINTMENT OF AGENT		
<p>The undersigned authorized member, manager or representative of</p> <p style="text-align: center;"><u>SRI RAM , LLC</u></p> <p style="text-align: center;"><small>(name of limited liability company)</small></p> <p>hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is</p> <p style="text-align: center;"><u>Chetankumar B. Patel</u></p> <p style="text-align: center;"><small>(Name of Agent)</small></p> <p style="text-align: center;"><u>1070 Graham Road</u></p> <p style="text-align: center;"><small>(Street)</small> <small>NOTE: P.O. Box Addresses are NOT acceptable</small></p> <p style="text-align: center;"><u>Cuyahoga Falls</u> <u>Ohio</u> <u>44224</u></p> <p style="text-align: center;"><small>(City)</small> <small>(State)</small> <small>(Zip Code)</small></p>		
<p>Must be authenticated by an authorized representative</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">  Authorized Representative Chetankumar B. Patel </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <u>10/05/06</u> Date </div>
	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;"><small>Authorized Representative</small></p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;"><small>Date</small></p>
ACCEPTANCE OF APPOINTMENT		
<p>The undersigned, named herein as the statutory agent for</p> <p style="text-align: center;"><u>SRI RAM , LLC</u></p> <p style="text-align: center;"><small>(name of limited liability company)</small></p> <p>hereby acknowledges and accepts the appointment of agent for said limited liability Company</p> <p style="text-align: center;"><u>Chetankumar B. Patel</u></p> <p style="text-align: center;"><small>(Agent's signature)</small></p>		

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

DOC ID ----> 200631702624

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Chetan B. Patel
Authorized Representative

10/05/06
Date

Chetankumar B. Patel
(Print Name)
1070 Graham Road
Cuyahoga Falls, Ohio 44224

Authorized Representative

Date

(Print Name)

Exhibit B



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/19/2007	200710901670	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50 00	.00	00	00	00

Receipt

This is not a bill. Please do not remit payment.

LUNDGREN GOLDTHORPE AND ZUMBAR
526 E. MAIN ST
ALLIANCE, OH 44601

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1693653

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ECONOMY INN

and, that said business records show the filing and recording of:

Document(s)
FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 04/16/2012

Document No(s):
200710901670

SRI RAM, LLC
1070 GRAHAM RD
CUYAHOGA FALLS, OH 44224



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 16th day of April, A.D.
2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION
(For Domestic/Foreign Profit or Nonprofit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	(2) <input checked="" type="checkbox"/> Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No _____
---	--	--

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

ECONOMY INN

The Registrant is (Check Appropriate Box)

<input type="checkbox"/> Individual	<input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no _____
<input type="checkbox"/> Limited Partnership: Reg. No _____	<input type="checkbox"/> Unincorporated Association
<input checked="" type="checkbox"/> Ohio Limited Liability Co., Reg. No 1660120	<input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No _____ organized in the state of _____
<input type="checkbox"/> Ohio Corporation, Charter No. _____	
<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Other _____	

The name of the registrant designated above is

SRI RAM, LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

1070 Graham Road

(Street)

NOTE: P.O. Box Addresses are NOT acceptable

Cuyahoga Falls

Summit

Ohio

44224

(City)

(County)

(State)

(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont..	
Complete only if registrant is a general partnership	
NAME OF ALL GENERAL PARTNERS	COMPLETE RESIDENTIAL ADDRESSES (including zip code)
<p>NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.</p> <p>The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)</p> <p style="margin-left: 40px;"><u>Short term lodging - motel.</u></p>	

Complete the information in this section if box (3) is checked.	
<input type="checkbox"/> Please reserve the name listed below (only one name per form) <input type="checkbox"/> Please reserve the first name available in the order of my preference	
<p>I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME</p> <p style="margin-left: 40px;">The name reservation is valid for a period of 180 days</p>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> (First Choice) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Second Choice) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Third Choice) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Applicant) (Print Name) </div> <div style="border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Address) </div> <div style="border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (City, State and Zip Code) </div>	

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

Authorized Representative CHETAN B. PATEL

01/11/07
Date

Authorized Representative MONIKA C. PATEL

01/11/07
Date



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
03/22/2017	201708002874	FICTITIOUS NAME RENEWAL (NFR)	25.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

SRI RAM, LLC
CHETANKUMAR PATEL
1070 GRAHAM ROAD
CUYAHOGA FALLS, OH 44224

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
1693653

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ECONOMY INN

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME RENEWAL

Effective Date: 03/17/2017

Document No(s):

201708002874



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
22nd day of March, A.D. 2017.

Jon Husted
Ohio Secretary of State



Form 523A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-757-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mall this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

2017 MAR 17 AM 10:22

Renewal of Trade Name or Fictitious Name Registration

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

☐ Renewal of Trade Name (172-RNR)

Reg. No.

☒ Renewal of Fictitious Name (159-NFR)

Reg. No.

Trade Name or Fictitious Name to be Renewed

Name of Registrant Renewing Name

Registrant's Entity Number (if registered with Ohio Secretary of State):

Complete if the registrant is a general partnership and has not provided an entity number above. Registration numbers are assigned to partnerships that have filed a statement under Ohio Revised Code Chapter 1776 OR complete if a partner was listed on the original application and that person/entity is no longer a partner.

Provide the name and address of at least one general partner.

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Renewal must be signed by the registrant or authorized representative of the registrant.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Chetan B Patel

Signature

CHETAN. B. PATEL

By (if applicable)

CHETANKUMAR B. PATEL

Print Name

Monika C Patel

Signature

MONIKA C. PATEL

By (if applicable)

MONIKA C. PATEL

Print Name